



Alice Ladas: Early coping strategies as addiction

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Alice K. Ladas, Ed. D., is a pioneer for body psychotherapy, educated childbirth, breastfeeding, and sexuality education. The research she and her husband did (*Women and Bioenergetic Analysis*) led to meeting her co-authors on the NY Times best seller *The G Spot and Other Discoveries About Human Sexuality*. Alice was chair of the research committee of the US Association for Body Psychotherapy (USABP) for many years. In 2008, the USABP honored Alice by naming its research award *The Alice Kahn Ladas Research Award* to honor her for her tireless efforts to further research in

Somatic Psychotherapy. She is a licensed psychologist in New Mexico.

The *Somatic Perspectives* podcast explores somatic psychology, relational therapies, mindfulness and trauma therapies. It is edited by Serge Prengel, LMHC, who is in private practice in New York City.

The following is NOT a transcript of the original audio, but it is related to what is discussed there.

Now that we include the brain, as an organ, to address consciously along with other parts of our bodies, we have the opportunity to include both the thinking and feeling parts of that organ, along with the primitive section that tells us to continue doing what we once did to accommodate and stay safe in our family and culture of origin.

It took me more than 60 years to come up with the idea I want to share today. Many of you work with similar concepts; it is the manner and timing of working with it that differs. I have found it more effective than anything I have done previously. Had any of my therapists, verbal or body centered, said to me at the start of therapy "What did you do to adapt to your family and culture of origin?" we might have discovered precisely what to work on and saved me lots of money and time. Several years ago, I discovered, without consciously intending to, my own coping mechanism ...and the light went on. I won't bore you with the details of my personal aha but from that time, my work with clients began to be more effective in less time. One of my present goals is to teach this work to other clinicians before I get too old. If you think what I present today has merit, invite me to do a workshop. I will only ask for travel expenses and room and board, not for the work itself.

Following the medical model, we give diagnoses. Theoretically these lead to the best methods of treatment; and get paid by insurances. My diagnosis made me feel less than worthy. Wouldn't you rather be told there is something right about you than something wrong? By focusing early on a client's coping strategy in the family and culture into which she/he was born and viewing it as lifesaving, you make the client right. That helps promote the positive client/therapist relationship so crucial to all successful therapy.

When clients become aware of what they had to do to cope in their family and culture of origin, it is usually what they are still doing which prevents them from experiencing the kind of life they long for today. Were they freezing, running away? hiding? fighting? If it helped them survive they were doing something right.

Early coping strategies show up in bodies just as clearly as they do in words. These early questions are in not a replacement for bodywork. They facilitate it. "If we decide to work together and are successful, what will that look like?" is on my written form for new clients. Some can answer that question and others can't. Since intention plays an important role in the success of therapy, I have been seeking a written answer to that question for years. Today I ask a second more difficult question early on: "In your family and culture of origin, what did you do to get along?" Since early coping strategies are often partly, if not wholly, unconscious, this can take time. Once we identify it, we know what to work on. What they did then was useful but today it gets in the way of what they long for. I view their adaptation as "right" instead of "wrong." After identifying a client's early coping strategy (and I say client instead of patient deliberately), I warn that changing a way of responding, that was once lifesaving but no longer works, is as difficult as changing any other kind of compulsive behavior. The amygdala warns us not to change any behavior that once kept us safe. It does not understand you are no longer trapped in a situation you did not choose. Pay attention to what triggers that initial coping strategy. Take small steps to modify your response to that trigger. Instead of reacting, take a breath and act in order get what you need today. Be patient, and expect you will have to deal with anxiety, possibly severe anxiety, as you make the changes needed to create the life you seek today.

We discuss and practice many ways of handling anxiety. You know all of them.... keeping knees soft, opening stuck breathing, noticing your surroundings, exercising, hitting, meditating, or going over the Bioenergetic stool if that was part of your training. We also do whatever is needed to free up energy blocks or increase energy. This can involve diet, exercise, stopping or adding meds, sleep patterns, new forms of brain stimulation, medical cannabis etc.. So please pick up a copy of possible questions to use in discovering your clients or your early coping mechanisms. You might try them out on a colleague or friend and then on your clients. I hope you will find this approach as helpful as I have.

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